

EAST SUSSEX COUNTY COUNCIL
AUTHORITY

Hove & Portslade Divisional Executive

REPORT

on the

Health of the School Children

DURING THE YEAR

1956

by

N. E. CHADWICK, M.A., M.D., D.P.H.

Divisional School Medical Officer,

TOWN HALL ANNEXE, HOVE.



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Report of the Divisional School Medical Officer

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is fifty years ago this year since the inception of the School Health Service, and in this Annual Report on its administration in the area of the Hove and Portslade Divisional Executive I thought it both interesting and profitable to describe some features of its development and discuss some aspects of its future. Its functions can be grouped in the educational system under the five main headings : Assessment of Health, Treatment, Prevention, Handicapped Pupils and Health Education, but at different stages in its history the emphasis has varied from one of these aspects to another. In the beginning, medical inspection and the discovery of defects was the only statutory requirement and responsibility for their subsequent treatment remained with the parents but it was soon found that a service which in effect only enumerated a list of defects without providing for their remediation must be incomplete and so by 1939 most Educational Authorities had developed comprehensive and in some cases elaborate arrangements for dealing with most of the disabilities discovered at medical inspections. In 1948, with the passing of the National Health Act, that responsibility with few exceptions was handed over to the General Practitioner and the Hospitals. This transfer has already raised the question whether, in the light of the comprehensive provision of medical care under the Act, there is any longer a need for a School Health Service. The list on page 12 serves at once, I suggest to refute this argument, since many of the defects could only be brought to light at a general medical inspection and many require a lengthy period of observation before the appropriate treatment can be decided

upon. At least it is doubtful what proportion of children requiring treatment would in fact receive it if the arrangements were left solely to the initiative of the parents. The high percentage of parents who accompany their children to at any rate the first two of the routine inspections is, I suggest, sufficient evidence of the value they put on these examinations even when they conclude with purely negative findings. More and more the emphasis must lie in the prevention of illness both in respect of individual children whose needs are catered for at the special clinics which in this area have replaced the minor ailment sessions, and also in the mass of the school community by schemes for immunisation against infectious diseases and in other ways. The success of the campaign for Diphtheria Immunisation and more recently the introduction of B.C.G. vaccination to school leavers could not have been achieved without the co-operation of the school and parents. In much the same way, ascertainment of the handicapped pupil and the provision of a type of education suitable to his disability could only be achieved by an organised School Health Service. Finally our real hope for the future lies in the provision we make for, and the encouragement we give to Health Education, whether it be by class teaching, parent-teacher associations or advice to individual children and parents. In this campaign, I believe the Health Visitor and School Nurse is the king-pin. She comes into contact with so many separate agencies—children, teachers, parents—with so many opportunities of putting in the word at the right moment and driving home the lesson by practical demonstration and in the case of Mothercraft by actual class teaching. Clinic sessions and medical inspections bring the School Medical Officer into the picture, and the ready welcome which all members of the Service receive from the school staff is evidence of the emphasis they place on Health Education in general.

General Condition of the Children.

In my report for last year I referred to the Ministry of Education's change in nomenclature for classifying the general condition of the children at medical inspection. From 1956 onwards they are to be classified as satisfactory or unsatisfactory, and the table on page 13 shows that, as might have been expected, the highest percentage of unsatisfactory was found in the entrants—but this only amounted to less than 3%. It has long been in my mind to introduce a voluntary pre-school medical examination conducted on the same lines and in the same detail for children attending the Infant Welfare Centres and held on those premises, but the more pressing demands on the services of the Medical and Health Visiting staff in connection with Poliomyelitis Vaccination and B.C.G. and the requirements of routine duties have hitherto stood in the way of such a project. If, however, it could be started, I believe it would do something to improve the general condition of some of those entrants and would certainly lead to the earlier discovery and treatment of some defects, notably of the teeth and eyes.

Last year I commented upon what I regarded as the excessive amount of time employed on routine medical inspection and suggested

that as good results could be obtained by a scheme which provided for the examination of children at the request of their parents or brought forward by teachers and health visitors or other agencies. It is interesting to record that experiments on these lines have been carried out in two areas in the country at any rate with partial success, although difficulties have been experienced in the disorganisation of the school work which the more frequent visits from the school doctor involve, and the failure of the parents always to take advantage of the opportunities for special examination of their children, so that the number of cases brought forward after the initial few visits to the schools fell below the number required to constitute a workable session. Experiments of this nature could best be tried out on a few selected schools and it would be advisable to limit at the start this type of experiment to the middle age group retaining the present routine ones for the entrants and leavers.

School Dental Service.

Although the number of pupils inspected rose by over 1,000, the number requiring treatment only increased by some 500 and the number actually treated by 200, but comparison of dental statistics year by year is necessarily unreliable, particularly when, as in 1956, there had been changes amongst the staff. In two respects, however, the scheme for dental treatment in the Division falls short of the Ministry of Education's criteria of a satisfactory one. It does not provide for an annual inspection of all the children in the schools and the interval between inspections and the commencement of treatment exceeds a month. These shortcomings can only be remedied by raising the dental staff to three whole-time members, as has been recommended. With the constant lag between decay and treatment and the damage that has been done before the age of five, it is not surprising that attention should have been directed to methods of prevention, two of which can be mentioned—the control of sweet chewing, especially between meals and at night with proper appreciation of the least dangerous types of sweet and the fluoridation of water supplies. The latter warrants a brief reference since it has already become a subject of controversy. At the beginning of the century a young dentist practising in America found that although the teeth of many of his patients were badly stained and the enamel mottled, they were free from caries and eventually it was discovered that a constituent element of the local water supply—fluorine—was responsible, and that there was a connection between the degree of mottling and the concentration of fluorine and an inverse relationship between the latter and the incidence of caries. Researches confirming these opinions were carried out in many countries including the United Kingdom, where unfortunately there are very few areas with a concentration of 1.0 part fluorine per million parts of water, the optimum content required to influence the development of caries. Hove and Portslade water supply, for example, contains only a trace, not more than 0.1 p.p.m. It is therefore evident that in this country where since the war only about 5% of children attaining the age of 14 are free from caries and 20% of adults above the age of 20 have

already lost all the teeth, there is a case for the artificial fluoridation of water supplies notably deficient. Medically this procedure has been proved to be harmless and could be achieved at a cost of about 6d. per head of the population per year. Extensive saving on the National Health Service Dental Bill—£33,000,000 in 1955—could not be expected for a number of years, but there would be a progressive improvement to the children's teeth and dentists would be increasingly available for the care of adults.

Visual Defects.

The number of cases referred to the school ophthalmic surgeon further decreased during the year but new arrangements are forecast in the near future consequent upon changes in the consultant staff of the Eye Hospital which will allow of a regular weekly clinic at Hangleton Centre. It is preferable that the first examination of a visual defect in a child should be by an ophthalmic surgeon although, provided the error is purely refractive there is no objection to the re-inspections being carried out by opticians with further reference back to the specialist should the need arise. Some such system of reciprocal co-operation between ophthalmic surgeons and opticians is necessary if the former are to be able to concentrate upon the cases requiring their supervision and be relieved of the routine task of reviewing those who really do not require their special skill and experience.

Child Guidance Clinic.

The number of children referred to the Child Guidance Clinic—49 plus 34 from other areas in the county—is about the average for the year and is the number which can be efficiently dealt with under the present limitations of staff and premises, bearing in mind that the investigation alone of a single case—a necessary preliminary to any form of treatment—involves several interviews by different members of the team.

Once again, a high proportion of the references to the Child Guidance Service come under the heading of Maladjustment, a type of defect which has received a great deal of attention recently. Whilst no one would deny that maladjustment can be a serious educational and social defect, it is necessary to keep a sense of proportion and not label all children who do not correspond to our conception of normal behaviour as maladjusted and in need of special psychological investigation, treatment and education. It is worth considering how much the progress of the world in the past has been contributed to by individuals who in this age would most certainly have run the risk of being labelled Maladjusted.

The Committee appointed by the Ministry of Education in 1950 to enquire into and report upon the medical, educational and social problems relating to maladjusted children, *i.e.*, those who show evidence of emotional instability or psychological disturbance, stresses the necessity of a successful child guidance scheme being amongst other desiderata closely connected with the School Health Service. This is difficult to achieve where, as in Hove and Portslade,

the clinic is held on entirely separate premises which increases the difficulty of personal contact with the members of the staff, most of whom are so far as that clinic is concerned part time and have many other commitments. There is also, I sense, a feeling amongst many who practise it in their several capacities that this is a speciality which requires a distinct and separate preparatory training and that it is unsafe or even dangerous to allow persons not possessing these qualifications to deal with maladjustment and behaviour problems. The Working Party on Health Visiting recommended that Health Visitors should be used to a greater extent in this field, and the Chief Medical Officer to the Ministry of Education perhaps sums up the position when he says in his latest Annual Report :

“ Child Guidance in its widest sense is not the preserve of any one profession or group.”

Physically Handicapped Children.

The total number in the Division is as follows :

Blind and Partially-Sighted Pupils	5 Boys and 1 Girl—all in Special Schools.
Deaf and Partially-Deaf Pupils	7 Boys and 5 Girls—all in Special Schools.
Epileptics	1 Boy—in Special School.
Delicate Pupils (including Diabetic)	2 Girls—in Open-Air School. 1 Boy—in Hostel (Diabetic).
Physically Handicapped Pupils	In Special Schools : 3 Boys and 3 Girls. At Ordinary Schools : 3 Boys and 2 Girls. Home Tuition : 4 Boys. At no School : 1 Girl (not fit enough for Home Tuition).

Educationally Subnormal Children.

The total number of educationally subnormal children up to date is 105, 7 of whom are at Special Residential Schools. 21 are at the Woodside Special School, Brighton, and the remainder are in ordinary schools or receiving Home Tuition. From these a selection is being made for admission to the special classes to be established at the Bishop Hannington Hall in the autumn. These classes, which are to be regarded as a temporary expedient until a site for a permanent building is found, will cater for girls of all ages between 7 and 16 and boys of 7 to 11 in 3 classes. At its inception the school will comprise certain junior children who will be transferred from Woodside, together with a selection of other children who for lack of suitable educational

provision have mainly been retained in ordinary schools. The total number of places will be in the region of 36—40 but it would be preferable to commence with considerably less than this quota, the remaining vacancies gradually being filled as the school settles down.

In the ascertainment of these educationally subnormal children, Intelligence Tests and an assessment of their Intelligence Quotient play a large part, if not the chief part, on the basis that such tests indicate the child's inborn intellectual capacity which like its blood group is fixed. It has now been proved that there is no sure test of intelligence by itself because in mental development heredity and environment influences are so intermingled, and that intelligence can be improved—good news for the parents of children with low Intelligence Quotient. This does not mean that such tests are completely useless—it is only necessary to recognise their limitations.

Speech Therapy.

The report on page 17 kindly supplied by Mrs. Hansford, who unfortunately has now accepted a whole-time appointment and left us, shows that in 1956, out of 81 cases with different types of speech defect, only 1 had to be discharged without any improvement. In the compact area of Hove and Portslade, not only are there sufficient cases amongst the school population to warrant the service of a whole-time speech therapist, but by virtue of that compactness it would be possible with such an appointment to provide intensive and concentrated treatment with a corresponding reduction in some cases in duration and an increase in the total turnover of cases.

Infectious Disease.

In November and December, a small outbreak of poliomyelitis affecting children between 2 and 9 occurred in the Mile Oak area of Portslade. 5 of these attended St. Nicolas Infant School and 1 Benfield Junior School, and all developed varying degrees of paralysis, in 2 this was widespread. The usual measures of control were instituted, close contacts excluded, in one instance a whole class. Doctors were circularised and a letter was sent to all parents with children in the school giving them the facts explaining why it was decided to keep the school open and setting out preliminary symptoms of which they should take notice. In at least one instance, this letter was responsible for saving a child from developing anything more than a slight degree of paralysis. Operations on the throat were postponed and only emergency teeth extractions carried out amongst children attending the two schools. The cases were all within a small geographical area in which there must have been a considerable amount of personal contact even though much of this may have been intermittent and casual and except in two instances where 2 members of a family contracted the disease it was not possible to trace the path of infection. This outbreak involved a great deal of personal investigation, visits to the home and schools, and I am grateful to

the members of my staff and also to Miss Nixon and the staff at St. Nicholas School who coped most efficiently and effectively with the many and varied problems which arose during its course.

General Administration.

Last year I recorded my indebtedness to Dr. Kershaw, who was responsible for most of the clinical duties in connection with the Service, and this year I have to record with very great regret his departure. During the 18 months he had been with us he used his great experience to the benefit of all branches of the School Health Service, particularly with the physically handicapped and the educationally subnormal, and raised it to a very high level of efficiency, which I am sure his successor, Dr. Martin, will maintain. To Dr. Langford and Mr. Stearman I am also very greatly indebted for ready assistance and advice at all times, and to the Special Services Sub-Committee I am grateful for continued support and encouragement.

I have the honour to be,

Your obedient servant,

N. E. CHADWICK,
Divisional School Medical Officer.

A. PERIOD MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	1063
Leavers	696
Second Age Group ..	746
	<hr/>
Total	2505
Number of other Periodic Inspections ..	419
	<hr/>
Grand Total ..	2924
	<hr/>

B. OTHER INSPECTIONS.

Number of Special Inspections	527
Number of Re-Inspections	461
	<hr/>
Total	988
	<hr/>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES. (1) Pupils found at a Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and, therefore, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table III A	Total Individual Pupils
(1)	(2)	(3)	(4)
Entrants ..	16	169	183
Leavers	130	49	173
Second Age Group ..	124	115	217
Total	270	333	573
Other Periodic Inspections ..	92	76	149
Grand Total ..	362	409	722

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1956.

Defect Code Number	Defect or Disease	Periodic Inspections				TOTAL including all other age groups inspected	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	24	8	12	9	79	22
5	Eyes—						
	(a) Vision ..	16	1	130	4	362	19
	(b) Squint ..	25	7	2	1	36	11
	(c) Other ..	7	—	—	—	8	1
6	Ears—						
	(a) Hearing ..	1	8	—	—	2	17
	(b) Otitis Media ..	1	6	—	1	5	8
	(c) Other ..	1	2	—	—	1	3
7	Nose or Throat ..	39	50	6	1	64	61
8	Speech	20	11	—	1	24	16
9	Lymphatic Glands	4	11	—	1	5	19
10	Heart	4	8	1	6	6	22
11	Lungs	7	10	5	4	22	22
12	Developmental—						
	(a) Hernia ..	1	2	—	—	2	3
	(b) Other ..	2	4	1	1	9	14
13	Orthopaedic—						
	(a) Posture ..	6	2	1	8	29	19
	(b) Feet ..	3	1	22	9	67	16
	(c) Other ..	20	14	12	4	52	51
14	Nervous System—						
	(a) Epilepsy ..	1	4	—	—	2	7
	(b) Other ..	1	1	—	1	2	3
15	Psychological—						
	(a) Development	1	5	—	4	2	17
	(b) Stability ..	2	8	1	2	9	16
16	Abdomen ..	6	4	—	3	16	15
17	Other	1	2	2	2	3	9

**B. CLASSIFICATION OF THE GENERAL
CONDITION OF PUPILS INSPECTED DURING
THE YEAR IN THE AGE GROUPS.**

Age Groups Inspected	Number of Pupils Insp'ed	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ..	1063	1035	97	28	3
Leavers ..	696	684	98	12	2
2nd Age Group ..	746	738	99	8	1
Additional Periodic Inspections ..	419	417	99.5	2	.5
Total ..	2924	2874	98	50	2

GROUP 1. DISEASES OF THE SKIN

					Number of cases treated or under treatment during the year
					by the Authority
Ringworm	(i) Scalp	..	..		—
	(ii) Body	..	..		—
Scabies	..	..	..		—
Impetigo	..	..	..		1
Other skin diseases		..	..		36
Total				..	37

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with	
				by the Authority	Otherwise
External and other, excluding errors of refraction and squint	..	..		4	—
Errors of Refraction (including squint)				186	210
Total		..		190	210
Number of pupils for whom spectacles were Prescribed	..	..		27	171

GROUP 5. CHILD GUIDANCE TREATMENT.

	Number of cases treated by the Authority
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	74

GROUP 6. SPEECH THERAPY.

	Number of cases treated by the Authority
Number of pupils treated by Speech Therapists under arrangements made by the Authority	81

HOVE CHILD GUIDANCE CLINIC, 1956.

During the year 49 Hove and Portslade children were referred to the Clinic as follows :

Referred by—

Assistant School Medical Officers	..	..	36
Private Doctors	..	..	5
Hospitals and Other Clinics	..	..	1
Chief Education Officer	..	..	1
Schools	..	..	4
Children's Officer	..	..	2

Problems—

Personality Problems and Nervous Disorders	..	11
Habit Disorders	..	9
Behaviour Disorders	..	16
Education Difficulties	..	13
Juvenile Courts	..	—

How Dealt With—

Advice	..	10
Psychiatric Treatment	..	13
Psychiatric Treatment and Coaching	..	1
Periodic Supervision	..	3
Withdrawn	..	3
Transferred to Lady Chichester Hospital	..	3
Still awaiting diagnosis	..	16

In addition, 34 cases from the County area have been referred to the Hove Clinic and the following summary gives an indication of the work involved :

Psychiatrists—

Diagnostic Interviews	..	60
Treatment Interviews	..	380

Educational Psychologist—

Diagnostic Interviews	..	101
Coaching Interviews	..	136
Tests in School	..	—
School Visits	..	21

Psychiatric Social Worker—

Interviews in Clinic	..	409
School Visits	..	39
Home and Other Visits	..	249

SPEECH THERAPY, 1956.

Type of Defect	Discharged		Under Treatment		TOTAL
	Im- proved	Not Im- proved	Im- proved	Not Im- proved	
Stammer ..	4	1	10	—	15
Dyslalia ..	13	—	24	—	37
Nasality ..	1	—	—	—	1
Sigmatism ..	4	—	9	1	14
Delayed Speech	4	—	3	—	7
Cleft Palate ..	—	—	2	1	3
Other defects ..	2	—	2	—	4
	28	1	50	2	81

Number of cases under treatment in January 1956	..	39
New cases referred during the year	.. ..	50
Number of cases discharged	.. ..	29
Total number treated	.. ..	81
Number of Clinic Sessions	.. ..	149
Number of Visiting Sessions	.. ..	18
Attendances	.. ..	1119
Number waiting in December 1956	.. ..	8

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers :			
	(a)	At Periodic Inspections	.. ..	4956
	(b)	As Specials	.. ..	1005
		Total (1)	..	<hr/> 5961 <hr/>
(2)	Number found to require treatment			.. .. 3683
(3)	Number offered treatment			.. .. 2963
(4)	Number actually treated			.. .. 1878
(5)	Attendances made by pupils for treatment			.. 5083
(6)	Half days devoted to :			
		Periodic (School) Inspections		39
		Treatment	.. ..	914
		Total (6)	..	<hr/> 953 <hr/>
(7)	Fillings	Permanent Teeth	..	2723
		Temporary Teeth	..	385
		Total (7)	..	<hr/> 3108 <hr/>
(8)	Number of teeth filled	Permanent Teeth	..	2228
		Temporary Teeth	..	366
		Total (8)	..	<hr/> 2594 <hr/>
(9)	Extractions	Permanent Teeth	..	875
		Temporary Teeth	..	1878
		Total (9)	..	<hr/> 2753 <hr/>
(10)	Administration of general anaesthetics for extraction			1169

INFESTATION WITH VERMIN.

(i)	Total number of examinations of pupils in schools by the school nurses or other authorised persons ..	15353
(ii)	Total number of <i>individual</i> pupils found to be infested	37
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	37
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	—

